

POLICY MANUAL

State Mental Health, Mental Retardation and Substance Abuse Services Board Department of Mental Health, Mental Retardation and Substance Abuse Services

Policy 5010 (FAC) 00-1 State Facility Uniform Clinical and Operational Policies and Procedures

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Approval by Board Chairman: James G. Lumpkin

References *Crossroads of Reform Positive Direction for Virginia's Mental Health, Mental Retardation and Substance Abuse Services System*, December, 1999, Interim Report of the Hammond Commission on Community Services and Inpatient Care

Reports on the Virginia State Mental Health Facilities, 1997 and 1998 by Jeffrey L. Geller, M.D., M.P.H.

Background In 1998, the Department of Mental Health, Mental Retardation and Substance Abuse Services initiated a process to develop uniform clinical and operational policies and procedures for state mental health and mental retardation facilities. The Department convened 14 statewide work groups comprised of state facility and central office staff to develop these uniform guidelines and procedures. These work groups focused on the specific findings and recommendations of expert mental health and mental retardation consultants who had visited and assessed the clinical care and operational practices at each state mental health facility and mental retardation training center. They conducted a system-wide review of state facility procedures and operations that affect quality of care. The work groups also considered the plans of improvement developed by several state facilities in response to U.S. Department of Justice (DOJ) expectations under the Civil Rights of Institutionalized Persons Act. Finally, the work groups addressed the systemic recommendations made by Jeffrey L. Geller, M.D., M.P.H., a nationally-recognized expert, in areas such as evaluation and diagnosis, diagnostic accuracy, individualized treatment planning, medical care, staffing, documentation, quality and risk management, and staff development and training.

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Background The importance of this activity was recognized in the Interim Report of the
(continued) Hammond Commission on Community Services and Inpatient Care issued in
December, 1998. This report recommended that the state should develop training
curricula for implementation of uniform clinical procedures.

The resulting clinical and operating policies and procedures have been incorporated into a number of Departmental Instructions (DIs) that must be implemented by each state mental health and mental retardation facility. These DIs are intended to assure uniformity of practice and thereby reduce operational inefficiencies and inconsistencies that may result in increased risk to consumers, staff, and the organization. They outline, in detail:

- How specific clinical and operational processes or systems are to function,
- Who at the facility or in the Central Office is responsible for specific activities required by the DI, and
- What specific procedures and time frames must be followed.

Through the 1998 initiative, Departmental Instructions have been or are being developed in the following areas:

- Active Treatment Planning
- Admissions and Discharges to State Psychiatric Hospitals
- Admissions and Discharges to State Training Centers
- Assessment of Medical/Surgical Status
- Authorized Client Leave Practices
- Behavior Interaction and Management Techniques Training
- Behavioral Treatment Procedures
- Client Advance Directives and Surrogate Decision Making
- Emergency Use of Restraint in Training Centers
- Emergency Use of Seclusion and Restraint for Adults in DMHMRSAS Hospitals
- Medical Emergency Response Systems
- Organization, Standardization, and Maintenance of Clinical Records
- Protective Devices and Medical Restraints
- Psychotropic Medications
- Quality Management Program
- Risk Management Program
- Special Hospitalization of State Facility Clients
- Staff Development and Training
- Suicide Precautions
- Withholding and Withdrawing Resuscitative Measures and Life-Prolonging Treatment

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Background (continued)	Implementation of these DIs – and the clinical and operational improvements they carry – will assure that consumers at all state facilities receive care that meets or exceeds constitutionally-required levels of active and appropriate treatment or habilitation in a safe environment.
Purpose	To create consistency across all state mental health and mental retardation facilities through the establishment and implementation of uniform clinical and operational policies and procedures designed to improve quality of care, provide procedural protections for patients and residents, and standardize facility administrative practices and documentation requirements.
Policy	<p>It is the policy of the State Mental Health, Mental Retardation and Substance Abuse Services Board that every consumer at any state mental health and mental retardation facility receives care that meets or exceeds the uniform clinical and operational policies and procedures established in DIs issued by the Department of Mental Health, Mental Retardation and Substance Abuse Services. Additionally, it is the policy of the State Board that all facilities adhere to uniform administrative practices and documentation requirements that are necessary to assure operational consistency across all state facilities.</p> <p>The Department of Mental Health, Mental Retardation and Substance Abuse Services shall provide leadership and oversight to ensure that these uniform clinical and operational policies and procedures are successfully implemented at each state facility as quickly as possible. At a minimum, this shall involve securing expert consultation in the development of newly required programs and procedures, seeking resources required to bring each facility into compliance with specified uniform clinical and operational policies and procedures, monitoring facility progress, and documenting and resolving systemic issues and challenges to successful implementation of these DIs.</p> <p>Additionally, the following actions shall be undertaken by the Central Office and by each state mental health and mental retardation facility to assure full implementation of the uniform clinical and operational policies and procedures provided in these DIs.</p> <ul style="list-style-type: none">○ Each state mental health and mental retardation facility shall develop plans, with appropriate documentation of resource requirements, to implement uniform policies, procedures, and reporting requirements,

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